

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mosert</i>		<i>11/26/01</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>11/30/01</i>
FORMALITY REVIEW	<i>TCD</i>	<i>JCI/47</i>	<i>1403/01</i>
RESPONSE FORMALITY REVIEW	<i>LC</i>	<i>1024</i>	<i>03-7-02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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2/18/02  
 3/8/02  
 2/10/01